

# CLAIMS ONLY

Application Number

057801

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10	/		X			
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47						
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49						
50						
Total indep	4		3			
Total depend	20		18			
Total claims	24		22			

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	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total indep						
Total depend						
Total Claims						